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Are correlated, but managing individual patients requires consideration of other factors, say Theodore Pincus and Joel A Block  
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Dutch consultants threaten legal action over pay cuts  
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The burden of treatment for many people with complex, chronic, comorbidities reduces their capacity to collaborate in their care. Carl May, Victor Montori, and Frances Mair argue that to be effective, care must be less disruptive

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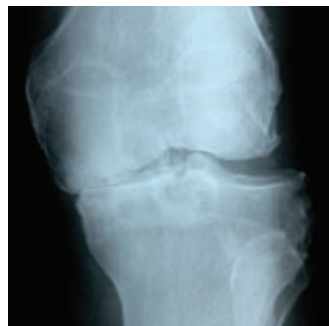




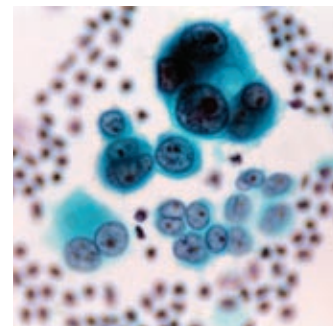
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## RESEARCH

### 488 Corticosteroids for pain relief in sore throat: systematic review and meta-analysis

At 24 hours, children and adults with severe or exudative sore throat given corticosteroids as well as antibiotics were three times more likely to report complete recovery than those who didn't receive steroids

Gail Hayward, Matthew Thompson, Carl Heneghan, Rafael Perera, Chris Del Mar, Paul Glasziou » [Editorial, p 467](#)

### 491 Alarm symptoms and identification of non-cancer diagnoses in primary care: cohort study

Around one in five patients with haemoptysis, haematuria, dysphagia, and rectal bleeding have an associated diagnosis at 90 days and nearly half do at three years

Roger Jones, Judith Charlton, Radoslav Latinovic, Martin C Gulliford

### 494 Novel methods to deal with publication biases: secondary analysis of antidepressant trials in the FDA trial registry database and related journal publications

Contour enhanced funnel plots can uncover selective reporting of outcomes, and regression based adjustment can correct the average effect size

Santiago G Moreno, Alex J Sutton, Erick H Turner, Keith R Abrams, Nicola J Cooper, Tom M Palmer, A E Ades » [Editorial, p 468](#)

### 498 Association between radiographic features of knee osteoarthritis and pain: results from two cohort studies

Previous evidence has often failed to find such an association, but this large prospective study with 50-79 year old Americans found a strong dose-response relation

Tuhina Neogi, David Felson, Jingbo Niu, Michael Nevitt, Cora E Lewis, Piran Aliabadi, Burt Sack, James Torner, Lawrence Bradley, Yuqing Zhang

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### 502 *pico*

#### Use of smokeless tobacco and risk of myocardial infarction and stroke: systematic review with meta-analysis

In 11 studies, mortality was slightly increased among users of snus and snuff compared with controls, with relative risks of 1.13 for death from myocardial infarction and 1.40 for death from stroke

Paolo Boffetta, Kurt Straif

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Michael S Kramer and colleagues suggest that double clustering might explain the negative results of some cluster randomised trials and propose solutions

Michael S Kramer, Richard M Martin, Jonathan A C Sterne, Stanley Shapiro, Mourad Dahhou, Robert W Platt

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Kieran Sweeney, Liz Toy, Jocelyn Cornwell

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Neeraj Bhala, Tim Usherwood, Jacob George

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PLAN/JELSON CHAGARA

**PICTURE OF THE WEEK**

Child tobacco pickers in Malawi are being regularly exposed to extremely high levels of nicotine poisoning equivalent to 50 cigarettes a day. Child labourers, some as young as five years old, are experiencing headaches, abdominal pain, muscle weakness, coughing, and breathlessness as a result of absorbing up to 54 milligrams a day of dissolved nicotine through their skin. The international development agency Plan estimates that over 78 000 children work on tobacco estates across Malawi – some up to 12 hours a day and many for less than 1 pence an hour.

**THE WEEK IN NUMBERS**

**10** Median number of studies in a meta-analysis (Editorial, p 468)

**40 000** Predicted shortfall of family doctors in the US by 2020 (News, p 476)

**5.6%** Proportion of deaths from myocardial infarction in Sweden attributable to use of smokeless tobacco (Research, p 502)

**8-14 months** Median survival from diagnosis for patients with malignant mesothelioma (Clinical Review, p 506)

**12%** Proportion of patients with non-alcoholic steatohepatitis and fibrosis who progress to cirrhosis within eight years (Practice, p 513)

**THE WEEK IN QUOTES**

**“There are currently greater provisions in terms of policies for abandoned vehicles than for babies”** (News, p 478)

**“Evidence over two decades shows that open disclosure reduces litigation costs”** (Feature, p 482)

**“It is not for society to tell people what to value about their own lives”** (Observations, p 484)

**“A strong association exists between radiographic osteoarthritis and knee pain”** (Research, p 498)

**“Every doctor has ideas sparked by their clinical experience, but these go unheard in the ever expanding intellectual vacuum of evidence based medicine”** (From the Frontline, p 518)

## EDITOR'S CHOICE

## A hesitation to be brave



Light micrograph of chrysotile, a fibrous variety of asbestos

Clinical review, p 506

## 100% recycled

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No one doubts that there's going to be less money for health in the next few years. But is this a disaster or, as John Appleby believes (p 339), a potential opportunity? Taking his cue from White House chief of staff Rahm Emanuel, Appleby says we can't let this economic crisis go to waste. It would be too easy to slash budgets, grow waiting lists, cut training, and reduce spending on prevention just to store up problems for the future. Instead we should "get radical with improving quality," he says. "Doing the right thing for patients the first time can not only improve the quality of their care but save money too."

This idea that quality is cheaper in the long run is the latest wisdom in Whitehall, but acting on it isn't going to be easy. Appleby fears that we (doctors, managers, politicians) won't have it in us to be radical enough. So we should listen to Carl May and colleagues' prescription for "minimally disruptive medicine" (p 485). Instead of focusing on the burden of illness for the health system, they want us to consider the burden of treatment for the patient. In one case, a man with heart failure had paid 54 visits to specialist clinics over two years, the equivalent of one whole day every fortnight. Not unreasonably he was refusing further specialist help. In another case, an elderly woman was unable to care for herself at home because she was trying to take medications on 11 separate occasions through the day. The disconnected

doctors involved in her care had no idea what each was asking of her.

Unless we redesign the way we manage chronic disease, say the authors, we will continue to see poor adherence, wasted resources, and bad outcomes. We need to coordinate care better. We need evidence based guidance on how to manage conditions that commonly co-exist, like diabetes and heart disease. And above all we need to allow patients with complex chronic comorbidities to decide for themselves which problems they want to tackle next and how.

We're clearly still a long way from what Don Berwick of the Institute of Health Care Improvement sees as our proper destination: where those who offer health care "stop acting like hosts to patients and their families and start acting like guests in their lives" ([www.engage.hsci.net/library/Don%20Berwick's%20Top%20Ten%20Tips.pdf](http://www.engage.hsci.net/library/Don%20Berwick's%20Top%20Ten%20Tips.pdf)). Kieran Sweeney, a professor of primary care, is dying of mesothelioma. His moving account shows how far we still have to go (p 511). He asks health professionals to stop saying "Do this for me." "I'm not doing it for them, I'm doing it for me," he says. And he describes the technical competence of senior clinical staff being undermined by "a hesitation to be brave." It's a strange phrase, but it captures the reluctance to share or even acknowledge a patient's journey into the lonely realms beyond hope.

**Fiona Godlee, editor, *BMJ*** [fgodlee@bmj.com](mailto:fgodlee@bmj.com)

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## PLUS

CareerFocus, jobs, and courses appear after p 518



## WHAT'S NEW ON BMJ.COM

## LATEST RESEARCH

**Willingness of Hong Kong healthcare workers to accept pre-pandemic influenza vaccination at different WHO alert levels**

Two questionnaire surveys conducted at WHO pandemic alert phases 3 and 5 found a consistently low level of willingness to accept pre-pandemic influenza vaccination among hospital based healthcare workers, especially in those working in the allied health professions. This is particularly surprising in a city where the SARS outbreak had such a huge impact. The intention to accept vaccination against H1N1 influenza (swine flu) in the study was less than 50% even at WHO alert phase 5. The accompanying editorial says that evidence from decades of seasonal vaccination suggests likely benefits and low risk of adverse events, and vaccination may also help to keep the healthcare system operating at maximum capacity throughout the pandemic.

**Risk of ovarian cancer in women with symptoms in primary care**

This population based case-control study shows that women with ovarian cancer usually have symptoms and report them to primary care, sometimes months before diagnosis. An accompanying commentary agrees that evidence is increasing that ovarian cancer is not a "silent killer" but one that presents with vague symptoms that have a low positive predictive value for cancer. Consequently, when a woman presents with such ongoing symptoms and a careful history and abdominal and pelvic examination have not identified a cause, pelvic ultrasonography should be considered. An accompanying editorial says that the diagnosis of ovarian cancer will continue to be a challenge for primary care doctors and that persistent abdominal distension carries the highest predictive value and warrants urgent referral.

See this and other recent research articles at <http://www.bmj.com/channels/research.dtl>

## LATEST ANALYSIS

**Financial incentives to promote social mobility**

Conditional cash transfer schemes—offering disadvantaged families money if mothers attend parenting seminars, infants attend health check-ups, and other stipulations are met such as compliance with immunisation and school enrolment—have been shown to improve health and health behaviours in poorer countries. Ian Forde and Dagmar Zeuner wonder whether a similar strategy can work in the UK.

See this and other recent comments articles at <http://www.bmj.com/channels/comment.dtl>



DAVID GREEDY/STINGER

**Last week's poll asked:**

**Does *Helicobacter pylori* really cause duodenal ulcers?"**

**You voted:**

Yes: 425 (83%) No: 89 (17%)

**This week's poll:**

**Is rate more important than rhythm in treating atrial fibrillation?**

**Submit your vote at [bmj.com](http://bmj.com)**

## LATEST BLOGS

Joe Collier ponders what makes a good lecture: "I am not sure how best to describe what happens in those really good ones, but 'spellbinding', 'entrancing', 'mesmerising' come close to capturing what I feel goes on." Helen Macdonald (pictured) asks whether there is anything new about swine flu and what the northern hemisphere can learn from the southern hemisphere about managing the pandemic. She also learns about a new computer game based on stopping a pandemic virus. Richard Smith attends the 60th anniversary of the Institute of Nutrition of Central America and Panama (INCAP), whose mission is research, capacity building, and technical assistance, and which has saved many lives in the poor countries of Central America: "I realised . . . that much of what I learnt on nutrition at medical school was discovered at INCAP."



See this and other recent comment articles at <http://www.bmj.com/channels/comment.dtl>

## LATEST PODCASTS

Chloe Veltman reviews new film *Adam*, about a young man with Asperger's syndrome (see left). David Payne takes us through the news. Duncan Jarvies talks to Rustam Al-Shahi Salman about the problem of incidental findings in magnetic resonance imaging (MRI) scans.

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## LATEST ON DOC2DOC

- Boring? I think not.
- Caring for the elderly
- Richard Lehman's journal blog



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